



# MCH 2020: Adolescent Health

Provide and assure adolescents access to quality MCH services (12 to 22 years)

## **PRIORITY 5: Communities and providers support physical, social, and emotional health.**

- 5.1 All children and adolescents receive comprehensive preventive health care that addresses social and emotional aspects of health at annual child and adolescent well visits, promoted through a developed cross-system partnership (schools, community partners, health care providers).
- 5.2 Adults, children, and adolescents are aware of and have access to prevention and intervention programs that educate, empower, and equip them to practice protective factors to reduce the impact of bullying through MCH community and school trainings provided annually.
- 5.3 All youth are provided with the support, relationships, and resources they need in order to build and improve coping skills and manage stress through measurable, positive youth development interventions and the implementation of evidence based practices to prevent suicide.

## **^PRIORITY 2: Services and supports promote healthy family functioning.**

- 2.1 Women and families show evidence of healthy relationships and life skills that support daily family functioning through improved outcomes on annual Healthy Babies are Worth the Wait/Becoming a Mom program evaluations.
- 2.2 Provide opportunities that promote and support informed, engaged, and empowered families as evidenced by increased referral and service delivery as collected in annual program data.

## **\*PRIORITY 3: Developmentally appropriate care and services are provided across the lifespan.**

- 3.1 Infants, children and adolescents are in environments where there are safeguards against preventable injury and harm.
- 3.4 Integrate oral health care and preventive services into programs and services for MCH populations in order to promote overall good health and desirable outcomes.

## **°PRIORITY 4: Families are empowered to make educated choices about nutrition and physical activity.**

- 4.1 Infants, children and Adolescents ages 0-17 years of age and older have access to healthy foods and increased knowledge of opportunities for physical activity in order to adhere to and achieve optimum lifelong health.

## **^PRIORITY 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.**

- 6.1 Build MCH capacity and support the development of a trained, qualified workforce serving Kansas children and families by providing professionals with up-to-date best practices and evidence-based services using a multi-faceted approach (referral network, mid-level training for home visitors, partnership support).
- 6.2 Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs population into adulthood.

## **\*PRIORITY 7: Services are comprehensive and coordinated across systems and providers.**

- 7.1 Improve communication and outreach among service providers, individuals, and families to help with coordination of care.
- 7.2 Systems that support age and developmentally appropriate, universal behavioral health are integrated, increasing collaboration among systems of care.
- 7.3 Assist and empower individuals and families to navigate systems for optimal health outcomes throughout the life course.

## **^PRIORITY 8: Information is available to support informed health decisions and choices.**

- 8.1 Partner with existing programs (pediatricians, youth programs, local schools) to increase understanding of parents and teens as to the importance of and making informed decisions about healthy choices and regular self-care.

\*Special Health Care Needs

°Perinatal/Infant

\*Child

^Cross-cutting / Life course

#Infant Mortality CollIN

**NATIONAL PERFORMANCE MEASURE(S):** NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others; NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year



**Vision:** Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

**Mission:** To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.





**PERFORMANCE MEASURE  
10**

**Percent of adolescents, ages 12 through 17, with  
a preventive medical visit in the past year**

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**GOAL**

To increase the number of adolescents who have a preventive medical visit.

**DEFINITION**

**Numerator:**

Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year

**Denominator:**

Number of adolescents, ages 12 through 17

**Units:** 100

**Text:** Percent

**HEALTHY PEOPLE 2020  
OBJECTIVE**

Related to Adolescent Health (AH) Objective 1: Increase the proportion of adolescents who have had a wellness checkup in the past 12 months. (Baseline: 68.7%, Target: 75.6%)

**DATA SOURCES and DATA  
ISSUES**

The National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

**MCH POPULATION DOMAIN**

Adolescent Health

**SIGNIFICANCE**

Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs.

Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. Receipt of services can help prepare adolescents to manage their health and health care as adults.

The Bright Futures guidelines recommends that adolescents have an annual checkup starting at age 11. The visit should cover a comprehensive set of preventive services, such as a physical examination, discussion of health-related behaviors, and immunizations. It recommends that the annual checkup include discussion of several health-related topics, including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety.

## Executive Summary

### Guiding Principles of Positive Youth Development

Adolescence is an important developmental stage filled with health opportunities, as well as health risks. During this stage, health behaviors are established that pave the way for adult health, productivity and longevity. Adolescents who thrive have access to caring adults that foster healthy development, and are offered meaningful opportunities to belong and build their competencies and abilities (Lerner, 2009). Instead of being problems to be managed, adolescents are assets to their communities. Consequently, Kansas chose a positive youth development approach for its five-year needs assessment for the 2016-2020 Title V Maternal and Child Health Services Block Grant for the Bureau of Family Health, Kansas Department of Health and Environment. The assessment was conducted by Kansas State University's Kansas Adolescent Health Project, consisted of: a) a review of existing health data, b) an online community input survey, c) community focus groups, and d) interviews with key individuals and leaders.

### Identifying Needs and Issues among Kansas Adolescents

More than 850 respondents\* of an online survey, which was open from August to September, 2014, resulted in the following findings:

**Top health issues affecting adolescents in their area were:**



**Top barriers that youth faced to accessing health services were:**



(\* = 854 respondents were 86.4% female; average age of 49; 60% rural and small town; 22.7% upper middle income; 85 counties represented. A Spanish version of survey was offered, but no Spanish version surveys were received.)

More than 400 Kansans\*\* shared their perspectives through 26 focus groups conducted in Chanute, Dodge City, Great Bend, Hoisington, and Kansas City. Many commonalities exist between youth and adult focus group participants:

(\*\* = 324 of the 401 participants were high school students; 60% female, 63% white, 17% Latino/Hispanic, 7% African American; 2% mixed race, <1% Asian, American Indian, etc. Focus groups were conducted with high school FCS/advising/study hall classes, local coalitions, Kansas Partnerships for Health conferees, health departments, Young Women on the Move afterschool members, 4-H councils, ESL mothers group, Wyandotte High Health Science III class members.)

The focus group data resulted in the following findings relating to issues, barriers and challenges expressed by youth and by adults (in order of prominence of youth focus group data):

#### Top health issues included:

- School lunch (portions too small or distasteful food)
- Substance abuse
- Sexuality and reproductive health
- Mental health (including depression and self-injury)
- Obesity
- Overall stress
- Bullying
- Boredom leading to the use of technology
- Wanting real services and information
- Wanting to confide in adults and mentors.



## Top barriers and challenges included:

- Lack of information
- Access to services
- Costs too high
- Lack of parental support/skills and awareness
- Embarrassment/shame
- Lack of mentors.



## Recommendations and Strategies to Address Adolescent Health

The overall goal is to enhance the health of adolescents and young adults (ages 12 to 22) across the lifespan.

**RECOMMENDATION 1:** *Address the highest priority adolescent health issues.* Thus, some of these recommendations are redundant by intent. Each of these health issues is related and should be addressed as such. Mental health was shown to be linked to each of the health issues affecting adolescents, and as a result was ranked as the number one priority to address.

### Mental Health

*Recommended Strategies/Planned Activities:*

- Provide school-based access to confidential mental health screening, referral, and treatment that reduces the stigma and embarrassment often associated with mental illness, emotional disturbances, and seeking treatment.
- Establish networks of skilled, supported adult mentors that are available to adolescents in safe, accessible environments.
- Provide opportunities for adolescents to learn and practice social emotional coping skills in safe, accessible environments.

### Substance Abuse

*Recommended Strategies/Planned Activities:*

- Increase access to substance abuse screening, treatment, and prevention services through co-locating screening, treatment, and prevention services in schools and/or facilities easily accessible to adolescents in out-of-school time.
- Establish networks of skilled, supported adult mentors that are available to adolescents in safe, accessible environments.
- Provide opportunities for adolescents to learn and practice social emotional coping skills in safe, accessible environments.
- Provide opportunities for adolescents to occupy their out-of-school time in pro-social activities, establish pro-social relationships, and gain meaningful skills and competencies.

### Sexual and Reproductive Health

*Recommended Strategies/Planned Activities:*

- Make accurate information on responsible sexual behavior, including the benefits of abstinence, more easily available to youth and their families.
- Support youth development behavioral interventions (for example, social, emotional, or cognitive competence training that promotes pro-social norms, improved decision making, improved communication skills, positive bonding experiences between youth, their peers, or non-parental role models) coordinated with community services to reduce sexual risk behaviors.
- Provide confidential, youth-friendly reproductive health services.
- Encourage communication between adolescents and their parents about reproductive health issues.
- Encourage all providers who serve adolescents to screen sexually active females for chlamydia.

### Nutrition and Physical Activity

*Recommended Strategies/Planned Activities:*

- Increase the availability of healthy food and beverages in sufficient supply in schools.
- Increase opportunities for students to participate in regular physical activity both in and out-of-school (e.g., non-competitive sports leagues, intramural sports).
- Improve adolescents' awareness of good nutrition and physical fitness through relevant and technologically current education during the school day and out-of-school.



- Implement an awareness/information campaign to reduce sedentary recreational screen time among adolescents.

- Provide opportunities for parents to improve their skills in seeking out quality health-related information and services.

## Injury Prevention

### *Recommended Strategies/Planned Activities:*

- Encourage the implementation of policies, procedures, and the evaluation of programs in health-care settings to assess for and intervene with adolescents at risk for suicide.
- Support public awareness campaigns to prevent adolescent self-injury.
- Develop policies and establish prevention activities that work to reduce motor vehicle crash injuries and deaths to adolescents due to distracted driving and/or use of substances.
- Continue to enforce existing laws regarding adolescent drivers, such as mandatory seat belt use and zero tolerance for alcohol use.
- Establish networks of skilled, supported adult mentors that are available to adolescents in safe, accessible environments.
- Provide opportunities for adolescents to learn and practice social emotional coping skills in safe, accessible environments.

### **RECOMMENDATION 2:** *Help families support the health and well-being of their adolescents.*

#### *Recommended Strategies/Planned Activities:*

- Increase the availability of information to parents and family members about normative adolescent development, and risk and protective factors for youth.
- Provide support to parents who experience problems, such as relationship, violence, substance abuse and mental health issues, to enable enhanced relationships with their adolescents.
- Provide support to parents who experience problems — such as relationship, violence, substance abuse, and mental health issues — to enable enhanced relationships with their adolescents.
- Using the “Parents as Teachers<sup>®</sup>” model, provide parenting resources and mentors for parents of adolescents.
- Encourage communication between adolescents and their parents about any health issue.

### **RECOMMENDATION 3:** *Provide educational environments that prepare youth for healthy adulthood.*

#### *Recommended Strategies/Planned Activities:*

- Emphasize social emotional as well as academic competence in the school setting.
- Increase the availability of skill-based health information for youth.
- Support schools to establish and sustain health access points and health services on-site during the school day.
- Increase connections among schools, families, communities, and health providers through programs such as Communities in Schools (CIS)<sup>®</sup>, and KU Medical Center’s “Bull Dog/Bull Doc Clinic” at Wyandotte High School.
- Provide school-based access to confidential mental health screening, referral and treatment that reduces the stigma and embarrassment often associated with mental illness, emotional disturbances, and seeking treatment.
- Establish networks of skilled, supported adult mentors that are available to adolescents in safe, accessible environments.
- Provide opportunities for adolescents to learn and practice social emotional coping skills in safe, accessible environments.

### **RECOMMENDATION 4:** *Encourage collaborations and increase community support for those working for and with youth.*

#### *Recommended Strategies/Planned Activities:*

- Co-locate services for youth to ease access and decrease embarrassment.



- Support effective afterschool and out-of-school programs.
- Provide assistance to help community programs integrate positive youth development approaches and principles into their service framework.
- Increase youth-related continuing education opportunities for professionals and para-professionals.
- Catalogue agencies, organizations, and programs serving youth, and identify their missions and goals.
- Encourage interdisciplinary teams to provide comprehensive and coordinated services for youth.
- Institute regular interdisciplinary conferences and workshops to encourage development of shared knowledge, language, and goals among networks and communities.
- Include youth in decisions about service integration.
- Expand on the successful “Parents as Teachers” model that provide parenting resources to help parents of adolescents understand the critical importance of their child’s adolescent years.

(Details are included in the full Kansas State Adolescent Health Report, which is available at <http://www.he.k-state.edu/fshs/extension/>)

For more information, contact:

Dr. Elaine Johannes, Assoc. Professor and Extension Specialist – Youth Development | Director of the Kansas Adolescent Health Project | School of Family Studies and Human Services | College of Human Ecology | Kansas State University | [ejohanne@ksu.edu](mailto:ejohanne@ksu.edu) 785-532-7720

**RECOMMENDATION 5:** *Improve the responsiveness, availability, and access of health care to youth*

*Recommended Strategies/Planned Activities:*

- Use education and outreach to inform youth and parents about health-care options and providers who specialize in serving adolescents.
- Increase training about adolescent health care for providers to ensure youth-friendly, culturally competent health services.
- Create avenues for youth to be involved in discovering and utilizing health-care systems that meet their needs.
- Work with health insurers to widen the concept of well-child visits through adolescence (up to age 24).
- Improve access to comprehensive care including dental, eye/vision, and mental health services.



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